



## Report Identification Number: NY-22-109

Prepared by: New York State Office of Children & Family Services

Issue Date: May 16, 2023

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services had an open investigation or a CPS monitored services case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services	DA-District Attorney	
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	SXTF-Sex Trafficking
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 8 month(s)

**Jurisdiction:** New York  
**Gender:** Male

**Date of Death:** 12/22/2022  
**Initial Date OCFS Notified:** 12/22/2022

## Presenting Information

The New York City Administration for Children's Services (ACS) completed an OCFS-7065 Agency Reporting Form on December 22, 2022, after learning of the 8-month-old male child's death. There was an open preventive services case at the time of the fatality.

## Executive Summary

This fatality report concerns the death of an 8-month-old male child. On December 22, 2022, ACS was notified by the hospital the 8-month-old died on that same date. The child was hospitalized since birth and at the time of his death, was still receiving medical care at the hospital. The mother and two 8-month-old surviving siblings resided in a shelter. The mother had a 3-year-old child that resided in West Africa with her father. During an investigation ACS learned the mother and children needed supportive services as they had limited resources. In response to this, ACS opened a preventive services case that began September 9, 2022.

During ACS's involvement with the family, it was learned the mother traveled from West Africa to New York in March 2022. The mother gave birth to triplets who were born prematurely via emergency c-section at 29 weeks gestation. After the child's birth, he remained in the hospital for the duration of his life. On September 16, 2022, the mother, ACS, and hospital staff held a palliative care meeting. During the meeting, it was reported the child was diagnosed with pulmonary hypertension, he was medically paralyzed, and only using 66 percent of his oxygen capacity. In addition, it was reported the child had a 5 percent survival rate. The hospital continued to monitor and provide medical care to the child until he succumbed to his medical condition on December 22, 2022. At the time this report was written it was unknown if the child had an autopsy.

Prior to the child's death, ACS and a contracted agency providing preventive services made several referrals for home making services, parenting skills, childcare, early intervention, and completed a voucher for housing. In addition, ACS supervised the surviving siblings twice a week, for two hours, so the mother was able to visit the child in the hospital. Following the child's death, the family remained actively engaged with preventive services. Funeral expenses and bereavement services were offered, but the mother declined bereavement services.

### PIP Requirement

ACS will submit a PIP to the New York City Regional Office within 45 days of the receipt of this report. The PIP will identify action(s) the ACS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACS will review the plan and revise as needed to address ongoing concerns.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**



- Safety assessment due at the time of determination? N/A

**Determination:**

- Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**  
It was determined the child's death was not the result of abuse or maltreatment by the mother, therefore there was no SCR report regarding the fatality.

**Was the decision to close the case appropriate?** N/A

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

**Explain:**  
Casework activity was commensurate with case circumstances.

### Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)?  Yes  No

### Fatality-Related Information and Investigative Activities

#### Incident Information

**Date of Death:** 12/22/2022

**Time of Death:** 12:10 PM

**County where fatality incident occurred:** Bronx

**Was 911 or local emergency number called?** No

**Did EMS respond to the scene?** No

**At time of incident leading to death, had child used and/or ingested alcohol or drugs?** N/A

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: Hospitalized

**Total number of deaths at incident event:**

Children ages 0-18: 1

Adults: 0



### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	8 Month(s)
Deceased Child's Household	Mother	No Role	Female	52 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Month(s)
Deceased Child's Household	Sibling	No Role	Female	8 Month(s)

### LDSS Response

ACS completed an OCFS-7065 Agency Reporting Form on December 22, 2022, after learning of the 8-month-old male child's death. There was an open preventive services case at the time of the fatality.

After learning of the child's death, ACS saw the two 8-month-old surviving siblings and mother at their residence. The siblings were observed, and the residence was assessed to be safe. The siblings were unable to be interviewed due to their age and development. The mother reported the child passed away from a pulmonary infection, he was born on March 29, 2022, and remained in the hospital until his death.

ACS made multiple attempts to speak with hospital staff regarding the child's death, however, all attempts were unsuccessful. Collateral contact with the surviving siblings' pediatrician revealed the children are up to date with their immunizations and there were no concerns for their physical health.

There was an open preventive services case at the time of the child's death which resulted from an investigation where it was learned the mother had no resources and needed supportive services. Preventive services began on September 9, 2022, and remained open at the time this report was written.

### Official Manner and Cause of Death

**Official Manner:** Unknown

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Unknown

### Multidisciplinary Investigation/Review

**Was the fatality referred to an OCFS approved Child Fatality Review Team?**No

**Comments:** The New York City Region does not have an OCFS approved Fatality Review Team.

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

This was not an SCR-reported fatality; therefore, certain investigative activities were not required.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
As there was no SCR report surrounding the fatality, the completion of safety assessments was not required; however, ACS documented an assessment of the siblings' safety following the death and there were no concerns.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 This was a non-SCR reported fatality. No surviving siblings needed to be removed following the child's death.

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

**Explain:**  
ACS completed referrals for bereavement services, early intervention, parenting and home making services, but the mother declined.

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment? No

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No

Was the child acutely ill during the two weeks before death? Yes

### Infants Under One Year Old

#### During pregnancy, mother:

- |  |   |
|--|---|
| <input type="checkbox"/> Had medical complications / infections            | <input type="checkbox"/> Had heavy alcohol use  |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs    | <input type="checkbox"/> Smoked tobacco   |
| <input type="checkbox"/> Experienced domestic violence                     | <input type="checkbox"/> Used illicit drugs   |
| <input type="checkbox"/> Had a positive toxicology at the time of delivery | <input type="checkbox"/> Used prescription drugs  |
| <input type="checkbox"/> Used marijuana                                    | <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |

#### Infant was born:

- |   |   |
|---|---|
| <input type="checkbox"/> With a positive toxicology     | <input type="checkbox"/> With fetal alcohol effects or syndrome                         |
| <input type="checkbox"/> Exhibiting withdrawal symptoms | <input checked="" type="checkbox"/> With none of the issues listed noted in case record |

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/24/2022	Sibling, Male, 4 Months	Mother, Female, 52 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 4 Months	Mother, Female, 52 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 4 Months	Mother, Female, 52 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Months	Mother, Female, 52 Years	Lack of Supervision	Substantiated	

#### Report Summary:

An SCR report was received on August 24, 2022 and alleged concerns for the mother's mental health as she was showing signs of being overwhelmed while caring for the then 4-month-old surviving siblings. The mother was acting erratic and becoming aggressive when caring for the siblings. The mother threw items and became confrontational in the presence of the siblings. The mother was also not using safe sleep measures even though she had appropriate supplies. On September 6, 2022, a subsequent report was received and merged into the initial report. The subsequent alleged the mother





continued to leave the two 4-month-old surviving siblings in the home and various areas unsupervised.

**Report Determination:** Indicated

**Date of Determination:** 10/21/2022

**Basis for Determination:**

During the investigation the mother left the two 4-month-old surviving siblings unsupervised on numerous occasions. After the first incident, ACS explained to the mother she could not leave her children unattended. The mother then left the two 4-month-old surviving siblings alone on four more occasions. The children were too young to care for themselves and could have been harmed. ACS found a preponderance of the evidence to substantiate the allegation of Lack of Supervision. Preventive services were offered and accepted during this investigation.

**OCFS Review Results:**

The record reflected ACS began their investigation within 24 hours, spoke with the source of the report and completed a CPS history check. The progress notes, assessments and the investigation were completed within the required time frames. All the children were observed throughout the investigation. ACS appropriately determined the case and offered preventive services at the end of their investigation. The record did not reflect efforts to speak with the father regarding the SCR report or notify him of the report in writing.

**Are there Required Actions related to the compliance issue(s)?** Yes No

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

The BF was not added to the report as a parent, notified about the investigation and there was no effort to interview him.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

ACS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/10/2022	Sibling, Male, 4 Months	Mother, Female, 52 Years	Inadequate Guardianship	Far-Closed	No
	Sibling, Male, 4 Months	Mother, Female, 52 Years	Lack of Supervision	Far-Closed	
	Sibling, Female, 4 Months	Mother, Female, 52 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 4 Months	Mother, Female, 52 Years	Lack of Supervision	Far-Closed	

**Report Summary:**

An SCR report was received on August 10,2022, and alleged the mother left the two 4-month-old surviving siblings unsupervised on two occasions.

**OCFS Review Results:**

The record reflected ACS began their investigation within 24 hours, spoke with the source of the report and completed a CPS history check. The progress notes and assessments were completed within the required time frames. The surviving siblings were observed throughout the investigation and the child, while he remained in the hospital. ACS determined the case no longer qualified as FAR and an investigation was initiated on August 24,2022.

**Are there Required Actions related to the compliance issue(s)?** Yes No

**CPS - Investigative History More Than Three Years Prior to the Fatality**

There was an investigation from July 2019 that was unfounded against the mother for Inadequate Guardianship regarding the 3-year-old surviving sibling.



## Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 09/09/2022

### Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? Five days overdue.				



<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Provider**

	Yes	No	N/A	Unable to Determine
<b>Were Services provided by a provider other than the Local Department of Social Services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
Preventive services were provided by a contracted agency.

**Preventive Services History**

A preventive services case was opened on September 9, 2022 during an open investigation and remained open at the time this report was written. It was learned through the investigation there were concerns for supervision of the children. The mother was from West Africa and her primary language was French. The mother lacked resources and support and she needed assistance with housing, childcare and identifying local resources. The mother gave birth to triplets, the two surviving siblings were residing with her at a shelter while the subject child remained hospitalized until his death. Visitation with the subject child was difficult for the mother as she had no childcare. Preventive services provided support with childcare allowing the mother to visit the child in the hospital a couple times a week. Several referrals were made for housing, childcare, early intervention, homemaking, parenting, and mental health counseling. The mother declined all services but continued working on obtaining permanent housing.

**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity.

**Recommended Action(s)**

**Are there any recommended actions for local or state administrative or policy changes?** Yes No

**Are there any recommended prevention activities resulting from the review?** Yes No